



Water Resources Program  
Application for a Water Right Permit

For Ecology Use  
(Date Stamp)  
**RECEIVED**  
JAN 24 2011  
DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT  
☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

|  |                             |                    |
|--|-----------------------------|--------------------|
| Applicant/Business Name:<br>Moses Coulee Water Association | Phone No:<br>(509) 886-1500 | Other No:          |
| Address:<br>P.O. Box 136                                   |                             |                    |
| City:<br>Rock Island                                       | State:<br>WA                | Zip:<br>98850-0136 |
| Email Address (optional):                                  |                             |                    |

|  |                             |                    |
|--|-----------------------------|--------------------|
| Contact Name (if different from above):<br>Brent Munding | Phone No:<br>(509) 884-5280 | Other No:          |
| Relationship to Applicant:<br>President (MCWA)           |                             |                    |
| Address:<br>12 Indian Cliffs Ln                          |                             |                    |
| City:<br>Palisades                                       | State:<br>WA                | Zip:<br>98845-9621 |
| Email Address (optional):                                |                             |                    |

|   |                             |               |
|---|-----------------------------|---------------|
| Legal Land Owner or Part Owner Name of the Proposed Place of Use:<br>Brent Munding (MCWA) | Phone No:<br>(509) 884-5280 | Other No:     |
| Address:<br>12 Indian Cliffs Ln   |                             |               |
| City:<br>Palisades  | State:<br>WA                | Zip:<br>98845 |
| Email Address (optional):   |                             |               |

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Current permit allows for 275 A. to be irrigated, this request is for approval of an additional 30 A. to be brought into irrigated production.

Anticipated length of time to complete your project: immediately

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

| Purpose(s) of Use | Rate (check one box only)<br><input type="checkbox"/> Cubic Feet per Second (CFS)<br><input checked="" type="checkbox"/> Gallons per Minute (GPM) | Acre-Feet per Year (AF/YR)<br>(If known) | Period of Use<br>(Continuously or Seasonal) |
|-------------------|---|--|---|
| Farm Irrigation   | 225 GPM   |  | Seasonal April - Oct                        |
|                   |   |  |   |
|                   |   |  |   |
| TOTAL:            | 225 GPM   |  |   |

|                          |                                 |   |
|--------------------------|---------------------------------|---|
| For Ecology Use          | APPLICATION NO: <u>G4-33014</u> | SEPA: Exempt/Not Exempt                   |
| Fee Paid: <u>\$50.00</u> | Check No: <u>11-29-2010</u>     | ECY Coding: 001-001-WR1-0285-000011       |
| Date Returned: _____     | By: _____                       | Priority Date: <u>12-1-2010</u> By: _____ |
|                          |                                 | WRIA: <u>44-DOUGLAS</u>                   |



**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 3. POINT OF DIVERSION OR WITHDRAWAL**

(Complete A or B, and C below)

|   |          |   |             |   |           |                |
|---|----------|---|-------------|---|-----------|----------------|
| <b>A.) If Surface Water Source</b>  |          |   |             | <b>B.) If Ground Water Source</b>   |           |                |
| <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake   |          |   |             | <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: <u>Cert # G4-25724C</u> |           |                |
| <input type="checkbox"/> Other: _____   |          |   |             | <u>See Attached Doc.</u>  |           |                |
| Source Name: _____  |          |   |             | Well diameter & depth: _____  |           |                |
| Tributary to: _____   |          |   |             | Number of proposed points of withdrawal: <u>4</u>   |           |                |
| Number of proposed diversion points: _____  |          |   |             | Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |           |                |
| Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO   |          |   |             | If available, attach Water Well Report and pump test.   |           |                |
|   |          |   |             | Well Tag ID No. _____   |           |                |
| <b>C.) Point of Diversion/Withdrawal – Legal Description</b>  |          |   |             |   |           |                |
| Parcel No.  | ¼        | ¼ | Section     | Township  | Range     | County         |
| <u>Attached</u>   |          |   | <u>12</u>   | <u>21</u>   | <u>22</u> | <u>Douglas</u> |
| Lot(s)  | Block(s) |   | Subdivision |   |           |                |
|   |          |   |             |   |           |                |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  |          |   |             |   |           |                |
| _____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West)                       |          |   |             |   |           |                |
| from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section_____. |          |   |             |   |           |                |
| Parcel No.  | ¼        | ¼ | Section     | Township  | Range     | County         |
|   |          |   |             |   |           |                |
| Lot(s)  | Block(s) |   | Subdivision |   |           |                |
|   |          |   |             |   |           |                |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  |          |   |             |   |           |                |
| _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West)                       |          |   |             |   |           |                |
| from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section_____. |          |   |             |   |           |                |

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: \_\_\_\_\_

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

|   |   |           |           |           |                |            |
|---|---|-----------|-----------|-----------|----------------|------------|
| <u>Lloyd Lambentes Plat of 1977 (See Attached Doc.)</u> |   |           |           |           |                |            |
|   |   |           |           |           |                |            |
|   |   |           |           |           |                |            |
| ¼   | ¼ | Section   | Twp.      | Range     | County         | Parcel No. |
|   |   | <u>12</u> | <u>21</u> | <u>22</u> | <u>Douglas</u> |            |

|                     |                       |                     |                                     |             |
|---------------------|-----------------------|---------------------|-------------------------------------|-------------|
| For Ecology Use     | APPLICATION NO: _____ |                     | SEPA: Exempt/Not Exempt             |             |
|                     | Fee Paid: _____       | Check No: _____     | ECY Coding: 001-001-WR1-0285-000011 |             |
| Date Returned _____ | By _____              | Priority Date _____ | By _____                            | WRIA: _____ |



**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 3. POINT OF DIVERSION OR WITHDRAWAL**

(Complete A or B, and C below)

| A.) If Surface Water Source  |          |   |             | B.) If Ground Water Source   |           |                |  |
|--|----------|---|-------------|--|-----------|----------------|--|
| <input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake<br><input type="checkbox"/> Other: _____   |          |   |             | <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: <u>Cert # G4-25724-C</u><br><u>See Attached Doc.</u> |           |                |  |
| Source Name: _____   |          |   |             | Well diameter & depth: _____   |           |                |  |
| Tributary to: _____  |          |   |             | Number of proposed points of withdrawal: <u>4</u>  |           |                |  |
| Number of proposed diversion points: _____   |          |   |             | Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                |           |                |  |
| Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO  |          |   |             | If available, attach Water Well Report and pump test.  |           |                |  |
| Well Tag ID No. _____  |          |   |             |  |           |                |  |
| C.) Point of Diversion/Withdrawal – Legal Description  |          |   |             |  |           |                |  |
| Parcel No.   | ¼        | ¼ | Section     | Township   | Range     | County         |  |
| <u>Attached</u>  |          |   | <u>12</u>   | <u>21</u>  | <u>22</u> | <u>Douglas</u> |  |
| Lot(s)   | Block(s) |   | Subdivision |  |           |                |  |
|  |          |   |             |  |           |                |  |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:<br>_____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West)<br>from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section_____. |          |   |             |  |           |                |  |
| Parcel No.   | ¼        | ¼ | Section     | Township   | Range     | County         |  |
|  |          |   |             |  |           |                |  |
| Lot(s)   | Block(s) |   | Subdivision |  |           |                |  |
|  |          |   |             |  |           |                |  |
| If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:<br>_____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West)<br>from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) corner of Section_____. |          |   |             |  |           |                |  |

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: \_\_\_\_\_

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

|   |   |           |           |           |                |  |            |
|---|---|-----------|-----------|-----------|----------------|--|------------|
| <u>Lloyd Lambantes Plat of 1977 (See Attached Doc.)</u> |   |           |           |           |                |  |            |
|   |   |           |           |           |                |  |            |
|   |   |           |           |           |                |  |            |
|   |   |           |           |           |                |  |            |
| ¼   | ¼ | Section   | Twp.      | Range     | County         |  | Parcel No. |
|   |   | <u>12</u> | <u>21</u> | <u>22</u> | <u>Douglas</u> |  |            |

|                     |                       |                     |                                     |             |
|---------------------|-----------------------|---------------------|-------------------------------------|-------------|
| For Ecology Use     | APPLICATION NO: _____ |                     | SEPA: Exempt/Not Exempt             |             |
|                     | Fee Paid: _____       | Check No: _____     | ECY Coding: 001-001-WR1-0285-000011 |             |
| Date Returned _____ | By _____              | Priority Date _____ | By _____                            | WRIA: _____ |



Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO  
Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

### Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Irrig System is in place to bring into production  
an additional 30 Acres.

### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

| A.) Domestic Water Systems only  | B.) Municipal Water Systems only<br>(defined under RCW 90.03.015)      |
|--|--|
| Projected number of connections to be served:<br>_____   | Present population to be served water:<br>_____                        |
| Type of connections: _____<br>(e.g., home, recreational cabin)   | Estimate future population to be served:<br>_____ (20 year projection) |
| <b>C.) Water System Planning</b>   |  |
| Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| If yes, date plan was approved ____/____/____ Water System Number: _____   |  |
| Name of water system: _____  |  |
| Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| If yes, explain why you are unable to connect to the system: _____   |  |
| _____  |  |
| _____  |  |
| _____  |  |

### Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

#### Irrigation

Total number of acres requested to be irrigated under this application = 30 ACRES

NOTE: Outline the area to be irrigated on your attached map.



**Stockwater**

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☒ NO

**Other Proposed Farm Uses**

Describe all proposed uses: Frost Protection  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*



## Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Approx 3 miles up Moses  
Coulee from Hwy 28, which is 6 miles  
S.E. from the town of Rock Island, WA

Site Address: \_\_\_\_\_

## Section 11. REQUIRED SIGNATURES

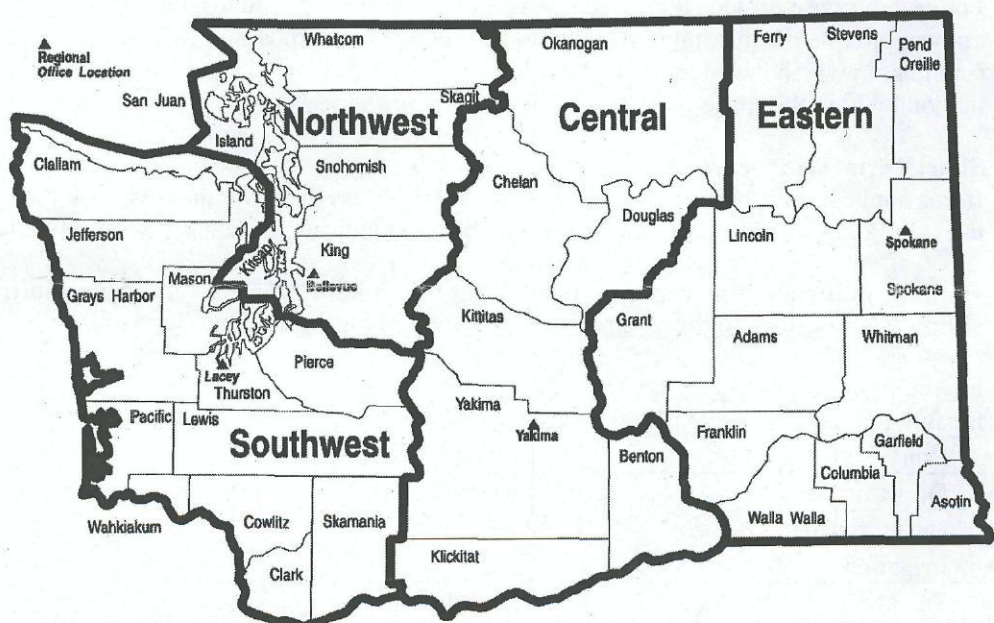
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

|  |   |                  |
|--|---|------------------|
| <u>BRENT MUNDINGER</u>                   | <u>MCWA PRES.</u><br><u>Brent Mundinger</u> | <u>1-20-2011</u> |
| Print Name                               | Signature                                   | Date             |
| (Applicant or authorized representative) |   |                  |
| <u>1</u>                                 | <u>1</u>                                    |                  |
| Print Name                               | Signature                                   | Date             |
| (Legal Owner or Part Owner Place of Use) |   |                  |
| Print Name                               | Signature                                   | Date             |
| (Legal Owner or Part Owner Place of Use) |   |                  |
| Print Name                               | Signature                                   | Date             |
| (Legal Owner or Part Owner Place of Use) |   |                  |

Please check the region in which the project is located:

|  |   |  |
|--|---|--|
| <b>*Submit your application to:</b><br><br>DEPARTMENT OF ECOLOGY<br>CASHIERING SECTION<br>PO BOX 47611<br>OLYMPIA, WA 98504-7611 | <input checked="" type="checkbox"/> Central Regional Office<br>15 W Yakima Avenue, Suite 200<br>Yakima, WA 98902<br>(509) 575-2490    | <input type="checkbox"/> Eastern Regional Office<br>4601 N. Monroe<br>Spokane, WA 99205-1295<br>(509) 329-3400 |
|  | <input type="checkbox"/> Northwest Regional Office<br>3190 - 160 <sup>th</sup> Avenue SE<br>Bellevue, WA 98008-5452<br>(425) 649-7000 | <input type="checkbox"/> Southwest Regional Office<br>PO Box 47775<br>Olympia, WA 98504-7775<br>(360) 407-6300 |

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.







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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For Ecology Use  
(Date Stamp)

10 NOV 29 09:16

## Water Resources Program

### Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER ☒ PERMANENT☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT*Follow the attached instructions. Attach additional sheets as necessary.***\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

### Section 1. APPLICANT

|                                |                |           |
|--------------------------------|----------------|-----------|
| Applicant/Business Name:       | Phone No:      | Other No: |
| Moses Coulee Water Association | (509) 886-1509 |           |
| Address:                       |                |           |
| P.O. Box 136                   |                |           |
| City:                          | State:         | Zip:      |
| Rock Island, WA 988            | WA             | 98850     |
| Email Address (optional):      |                |           |

|   |                |           |
|---|----------------|-----------|
| Contact Name (if different from above): | Phone No:      | Other No: |
| Brent Munding                           | (509) 884-5280 |           |
| Relationship to Applicant:              |                |           |
| President                               |                |           |
| Address:                                |                |           |
| 12 Indian Cliffs Ln                     |                |           |
| City:                                   | State:         | Zip:      |
| Palisades                               | WA             | 98845     |
| Email Address (optional):               |                |           |

|   |           |           |
|---|-----------|-----------|
| Legal Land Owner or Part Owner Name of the Proposed Place of Use: | Phone No: | Other No: |
| Address:  |           |           |
| City:   | State:    | Zip:      |
| Email Address (optional):   |           |           |

### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Irrigate land outside  
place of use authorized on Moses Coulee  
Water Association's Certificate

Anticipated length of time to complete your project: \_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.



42-1.

erm:42

indicate  
):

**(Complete A or B, and C below)**

### A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake

☐ Other: \_\_\_\_\_

Source Name: \_\_\_\_\_

Tributary to: \_\_\_\_\_

Number of proposed diversion points: \_\_\_\_\_

Do you have an existing diversion? ☐ YES ☐ NO

☒ Well(s) ☐ Other: cert no. 64-25724C

☒ Well(s) ☐ Other: cert no. 64-25724C

see attached

Well diameter &amp; depth:

Number of proposed points of withdrawal: \_\_\_\_\_

Do you have an existing well? ☐ YES ☐ NO

If available, attach Water Well Report and pump test.

Well Tag ID No. \_\_\_\_\_

|            |          |     |             |          |       |        |
|------------|----------|-----|-------------|----------|-------|--------|
| Parcel No. | 1/4      | 1/4 | Section     | Township | Range | County |
| attached   |          |     |             |          |       |        |
| Lot(s)     | Block(s) |     | Subdivision |          |       |        |
|            |          |     |             |          |       |        |

Feet (☐ North/☐ South) and      feet (☐ East/☐ West)

from the ( ☐ NW ☐ SW ☐ NE ☐ SE ☐ ) corner of Section \_\_\_\_\_.

|            |          |   |             |          |       |        |
|------------|----------|---|-------------|----------|-------|--------|
| Parcel No. | ¼        | ¼ | Section     | Township | Range | County |
|            |          |   |             |          |       |        |
| Lot(s)     | Block(s) |   | Subdivision |          |       |        |
|            |          |   |             |          |       |        |

feet ( North/ South) and      feet ( East/ West)

from the ( ☐ NW ☐ SW ☐ NE ☐ SE ☐ ) corner of Section

*NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.*

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: \_\_\_\_\_

**Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.**

|     |     |         |      |       |        |            |
|-----|-----|---------|------|-------|--------|------------|
|     |     |         |      |       |        |            |
|     |     |         |      |       |        |            |
|     |     |         |      |       |        |            |
|     |     |         |      |       |        |            |
|     |     |         |      |       |        |            |
| 1/4 | 1/4 | Section | Twp. | Range | County | Parcel No. |
|     |     |         |      |       |        |            |



|     |     |         |      |       |        |            |
|-----|-----|---------|------|-------|--------|------------|
|     |     |         |      |       |        |            |
|     |     |         |      |       |        |            |
| 1/4 | 1/4 | Section | Twp. | Range | County | Parcel No. |
|     |     |         |      |       |        |            |

Do you own all the lands on which the proposed place of use is located? ☐ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☐ YES ☐ NO

If yes, provide the water right and/or claim numbers: \_\_\_\_\_

**Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.**

### Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): \_\_\_\_\_

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### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

|  |   |
|--|---|
| <b>A.) Domestic Water Systems only</b>   | <b>B.) Municipal Water Systems only</b><br><i>(defined under RCW 90.03.015)</i> |
| Projected number of connections to be served:<br>_____   | Present population to be served water:<br>_____                                 |
| Type of connections: _____<br><i>(e.g., home, recreational cabin)</i>  | Estimate future population to be served:<br>_____ (20 year projection)          |
| <b>C.) Water System Planning</b>   |   |
| Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| If yes, date plan was approved: _____ / _____ / _____ Water System Number: _____   |   |



## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Use



If you answered yes to any of the above questions, please describe: \_\_\_\_\_

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

### Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: \_\_\_\_\_

Site Address: \_\_\_\_\_

### Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

MCWA PRESIDENT  
BRENT MUNDINGER

Print Name  
(Applicant or authorized representative)

Brent Mundinger

Signature

11-10-10

Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please check the region in which the project is located:

|  |   |  |
|--|---|--|
| <b>*Submit your application to:</b><br><br>DEPARTMENT OF ECOLOGY<br>CASHIERING SECTION<br>PO BOX 47611<br>OLYMPIA, WA 98504-7611 | <input type="checkbox"/> Central Regional Office<br>15 W Yakima Avenue, Suite 200<br>Yakima, WA 98902<br>(509) 575-2490               | <input type="checkbox"/> Eastern Regional Office<br>4601 N. Monroe<br>Spokane, WA 99205-1295<br>(509) 329-3400 |
|  | <input type="checkbox"/> Northwest Regional Office<br>3190 - 160 <sup>th</sup> Avenue SE<br>Bellevue, WA 98008-5452<br>(425) 546-7000 | <input type="checkbox"/> Southwest Regional Office<br>PO Box 47775<br>Olympia, WA 98504-7775<br>(360) 407-6000 |



Check yes, if you are within the service area of an existing water system and explain why you are unable to connect to the system.

## **Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

### **Irrigation**

Provide the total number of acres of land to be irrigated in the space provided. The number of acres to be irrigated should not include lands within the general irrigation area that may contain buildings, roads, etc. Outline the area to be irrigated on your attached map from Section 4.

### **Stockwater**

Indicate total number of animals receiving stockwater and the type of animal (e.g. goats, chickens, llamas).

Check yes if the proposed project is for a dairy farm.

### **Other Proposed Farm Uses**

Describe all other proposed farm uses (e.g. frost protection, heat control, or harvesting) listed in Section 2 and provide the proposed number of acres of land upon which each purpose would occur. Also note other uses of water on the farm (e.g. cleaning the milking parlor, washing cattle, or for a cooling system) and how much water is needed for each use.

### **Family Farm Water Act (RCW 90.66)**